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TRAUMATIC TETANUS, SUCCESSFULLY TREATED BY TOBACCO  
ENEMAS.

(Communicated for the Boston Medical and Surgical Journal.)

On the evening of Friday, the 19th inst., I was requested to visit Miss C., aged 20 years, whom the messenger informed me had just been taken with cramp fits, as he expressed it, and desired me to lose no time in getting there. On my arrival, I learned that my patient had been for two or three days experiencing great pain in the right wrist, and on further inquiry I ascertained that near two years had elapsed since she had received a sprain of that wrist by the upsetting of a waggon, which at the time caused no great inconvenience, but at times since she had felt uneasiness and pain at the lower portion of the ulna. For the last three weeks the pain had been pretty constant, but not so severe until the last three days. Over the lower head of the ulna there was much tenderness, some degree of redness, and very little tumefaction.

Her history satisfied me that she had been to a considerable extent the subject of nervous irritation, as also of more or less dysmenorrhœa. The pain in the wrist had become so severe during the afternoon preceding my visit, that she had consulted a physician, who ordered the application of a blister, which had been on but a short time when I arrived. The appearances presented on my approaching the bed-side, were redness of the face, general increased heat, eyes looking red and frequent escape of tears, pulse somewhat increased in force and frequency. In a very few moments a return of the spasm took place, which lasted from three to five minutes, characterized by great rigidity of the muscles, the body bending back, with a flexed condition of the forearms, fingers and toes. As the spasm went off she would exert herself powerfully, making strong and quick inspirations, and manifesting great distress and consequent exhaustion. This relaxation of the muscles was of short duration, when a return of the spasm, perhaps still more severe, would take place. After witnessing several alternations as above described, I embraced the first opportunity afforded by the subsidence of spasm, and drew blood to the amount of 20 ounces. Deglutition was somewhat difficult, but I succeeded in the administration of calomel and opium, twenty grains of the former and six of the latter. During the intervals between the spasms the powers of sensation and thought were unimpaired, and the patient appeared conscious of what took place, and would complain of excessive pain in the wrist. Neither the bleeding nor the medicine procured any sensible relief. Re-

peat the opium every two hours in increased doses. Examined the wrist; vesication having taken place, removed the cuticle, and ordered the application of bread and milk poultice, with the addition of pulvis opii over the blister.

Twelve o'clock, night. Obligated to leave my patient. Ordered, at the expiration of two hours, opium and calomel, with ipecac. sufficient to nauseate the stomach.

Saturday, 9 o'clock, A. M., returned to my patient. Ascertained that the spasms had ceased after taking the opium, cal. and ipecac., which was followed by perspiration and two or three hours' sleep. The spasms had now returned in a greater degree of severity than I had yet witnessed, with evident *trismus*, which continued somewhat longer than the general contraction of the muscles of the body and limbs, causing great suffering of the patient, as was evinced by her putting her fingers to the jaws and muscles of the neck. As soon as the jaws could be separated, opium and calomel 20 grains each were given, and in a short time followed by castor oil and *spis. terebinth.* Complained of uneasiness at the stomach, which was followed by vomiting the oil and turpentine. Spasms growing worse, causing great curvature of the body, bending it backwards in the form of an arch.

At this stage of the case, 12 o'clock, M., and about 18 hours from the commencement of the spasms, I resolved on trying the tobacco enema, for which purpose about the third part of a threepenny paper of cut tobacco to one pint of boiling water was ordered, and of this infusion take the one-third for an enema. Five minutes having elapsed, patient begins to be much prostrated, coolness of the surface, and profuse perspiration breaking out; great relaxation of all the muscles, and jaws becoming loosed. In twenty minutes muscles very much relaxed; a feeling of extreme nausea with some vomiting. A great change is perceptible in the countenance; from fulness and redness, it has now become pale and contracted, and the whole body and limbs covered with perspiration. One hour and fifteen minutes having passed since the tobacco was given, more redness and heat of surface become apparent; pulse increasing in force and frequency, with some twitching of the eyelids, and a starting of tears. Spasms return, though not as violent. Two or three follow in quick succession. Repeat the tobacco enema, same quantity as before, which is followed by similar effect. Now obliged to leave my patient a few hours, and ordered a repetition of the enema every hour.

Seven o'clock, P. M. She has taken the tobacco six times. No return of spasms unless the enema was omitted too long. I find that the tobacco is beginning to have a more specific effect; sickness and prostration more severe, with an increase of the vomiting. I also consider the tendency to spasm as being much diminished. Reduce the strength of the enema, and give the same at intervals of two hours, unless sooner required by the condition of the patient. The bowels have moved twice. She complains less of the wrist. Repeat the poultice every four hours, covering the same with moistened, cut tobacco.

Saturday, 6 o'clock, A. M. Patient got some rest during the night. Considerable feverish action; mouth and tongue dry; complains of dis-

tress at the stomach. The jaws were set once during the night, but gave way after the administration of the tobacco. Give the *pulvis antimonialis* once in four hours, alternating with *spts. nit. dulcis*, and drinks of slippery elm, &c.

Six o'clock, P. M. Has had no spasm during the day, and has not taken any of the *weed*. Some tendency to twitching of the muscles when she falls asleep. Give four grs. of the *pulvis Doveri*, combined with camphor, once in four hours.

Monday, 7 o'clock, A. M. Rested well during the night; tongue moist, and all appearances highly favorable.

Tuesday. She has been dressed and is sitting up. Feels no pain in the wrist, and complains of nothing except feeling somewhat weak.

Thursday. I consider my patient cured, her appetite having returned, and the wrist being free from pain.

B. E. BOWEN.

Marico (Orvego Co.), N. Y., Feb. 27, 1841.

# REVIEW OF DR. GROSS'S PATHOLOGICAL ANATOMY.

[Continued from page 46.]

AFTER the blood, there follow ten chapters upon the following systems, viz., the *cellular*, the *adipous*, the *muscular*, the *vascular*, embracing arteries, veins and lymphatics, the system of the *joints*, the *osseous* system, the *cutaneous* and the *nervous* systems. Here it will be observed that two important systems are omitted; the *mucous*, and the *serous*. They come up, however, in the course of the work, and their lesions are considered in connection with the organs in which they occur, and with the muscular system and the joints. The fibrous and the cartilaginous systems are likewise disposed of in conjunction with the muscular system and the joints. It is no easy matter to arrive at an accurate classification of the solids and fluids of the body—one which will suit the minds of all, and the arrangement adopted by our author will, perhaps, please the majority of his readers as well as any which could have been devised.

The following lesions of the cellular texture are briefly and accurately described, viz., acute and chronic inflammation, induration, serous infiltrations, hemorrhage, emphysema, foreign substances, and parasitic animals. The following remarks upon hemorrhage deserve attention.

"*Hemorrhage* always arises from a rupture of the bloodvessels, produced by external violence, or by some internal cause, the precise nature of which is not so well understood. In the former case, the fluid, although sometimes widely diffused, generally forms an elastic, circumscribed tumor, technically denominated an *ecchymosis*; in the latter, it is more commonly seen in small patches of a dark purple color, which have received the name of *suggillations*, death-marks, or cadaveric lividities. These spots, which are always most conspicuous on the posterior parts of the body, are very distinct in persons who die from petechial fevers, the plague, and the scurvy, and can be readily distinguished from ecchymoses by the entire absence of all signs of violence. Suggillations, however, do not always arise exclusively in the manner here indicated. In many

instances, if not in most, they result merely from an accumulation of blood in the capillary vessels of the skin and cellular tissue, without any extravasation whatever. These facts should be borne in mind, as they have a most important bearing upon legal medicine. For the want of correct information upon this subject, errors the most serious have sometimes been committed by physicians."

Inflammation of the adipose texture is thus spoken of.

"It has been questioned by some, whether the adipous tissue is susceptible of *inflammation*, the opinion having arisen, probably, from the belief, at one time very current amongst physiologists, that this substance is not endowed with a sufficient degree of vitality for this process to take place. In endeavoring to solve this problem, the reader should bear in mind the distinction between the adipous tissue, properly so called, and the fat. The one, as has been already seen, is an organized substance, provided with bloodvessels, nerves and absorbents, and is, therefore, liable to the different kinds of inflammation; the other, on the contrary, being inorganic, must, of course, be insusceptible of morbid action. In acute inflammation, the adipous tissue assumes a dark reddish aspect, and always manifests a peculiar tendency to slough, in consequence, it would seem, of its vascular and nervous endowments being too feeble to offer the necessary resistance. In peritonitis, I have several times seen the fatty omentum inflamed in one part, and gangrenous in another, though there was little effusion of lymph or serum."

Several interesting cases of hypertrophy of the adipous texture are recorded, from which the author infers the existence of an adipous diathesis. The adipous texture is also liable to atrophy and melanosis. Under the head of the muscular system are described lesions of the *muscles*, *tendons*, *aponeuroses*, and *synovial bursae*, and the chapter devoted to these structures is very complete.

The vascular system comes next, and the diseases to which the arteries, veins and lymphatics are subject, are accurately portrayed. Five species of aneurism are described and illustrated, viz., the *sacculated*, in which "the coats of the artery are dilated into one or more pouches, occupying only a limited portion of its circumference;" 2, the *cylindroid*, in which "the dilatation embraces the entire circumference of the vessel, varying in length from a few lines to several inches;" 3, the *varicose aneurism*, which consists "in an enlarged and nodulated state of the artery, similar to that of a varicose vein;" 4, the *anastomotic aneurism*, which is composed of a congeries of convoluted capillary arteries and veins, dilated into a soft, pulsating tumor, generally of a bright florid tint, but occasionally of a bluish, mulberry, or purple color;" 5, the *aneurismal varix*, which most usually occurs from venesection.

From the chapter on the veins, in which the author has treated of inflammation, suppuration, ulceration, hypertrophy, dilatation, obliteration, calcareous deposits, and admission of air, we shall make an extract on the last topic.

"The question may be asked, in conclusion—in what manner does air, when introduced into the venous system, operate so as to produce these deleterious effects? This question, as might be anticipated, has been va-

riously answered by different writers. By some it is maintained that the fluid acts principally, if not entirely, upon the brain, causing symptoms of violent congestion, loss of sensibility, and spasmodic rigidity of the muscles—an explanation which is favored, in some degree, by the experiments of Nysten and Magendie, in which they induced apoplectic phenomena by injecting air into the carotid arteries of animals. Others, on the contrary, believe that the primary difficulty is in the lungs, since these organs have been found in a condition similar to what is observed in asphyxia. Piedagnel and Leroy, from having seen these structures in a lacerated and emphysematous state, suppose that death is caused solely by this lesion. But the grounds of these opinions are by no means conclusive; and we are at last compelled to resort to the explanation, long ago suggested by the French physiologists, that the fatal effects in question are the result of the sudden distension of the right cavities of the heart, whereby the powers of that viscus are partially paralyzed, and the circulation materially impeded. This view is strongly corroborated, in the first place, by the fact, already adverted to, that if the air be introduced into the veins in a slow and gradual manner, little or no functional derangement will manifest itself, in either of the above organs; secondly, by the almost total failure of the pulse in cases of an opposite description; thirdly, by the remarkable insensibility of the patient; and, fourthly, by the circumstance that the foreign fluid is usually found in greatest abundance in the right chambers of the heart."

We pass on to the chapter on the osseous system, which is divided into three sections, viz., the *bones*, the *periosteum*, and the *medullary membrane*. In the first section he gives us in few and well-chosen words the organization, chemical constitution, and lesions of the bones. He insists upon their vitality, and believes that their nerves are conveyed to them through the medium of the arteries. He establishes, we think, "that the process by which a broken bone is re-united is truly analogous to that which nature adopts in restoring wounds of the soft parts," and he gives a very accurate description of *osteitis* and its terminations, suppuration, ulceration and gangrene. The following paragraph exhibits his opinion respecting the regeneration of bone.

"No doubt can therefore be entertained, it seems to me, respecting the possibility of bones being regenerated. For my own part, I am fully convinced of it, and feel assured that whoever will candidly investigate the subject will come to a similar conclusion. At the same time, there is reason to believe that the occurrence is extremely rare; and no account should be received as true, unless it be vouched for by respectable authority."

This opinion seems to rest more upon a limited observation and the report of a few cases, than upon pathological principles supported by numerous facts. Two cases only seem to have come under the author's observation, in the first of which the left half of the inferior maxillary bone had been excised for osteo-sarcoma. "In this case nature had made an attempt at reproduction, though it was still imperfect at the time I made the examination, the part being replaced by a thick, rounded piece of cartilage, sufficiently strong, however, to subserve the ordinary purposes of mastication." Was not this a case of transformation of the cellular

tissue into cartilage, perhaps, proceeding on to bone, rather than of actual reproduction? And may we not ask the same query in reference to the second case given by our author, in which "the upper half of the astragalus which had sloughed away," was *perfectly reproduced*? The remaining lesions of the bones treated of in this section are softening, fragility, hypertrophy, atrophy, hydatids, osteo-sanguineous aneurism, osteo-sarcoma, melanosis and tubercle.

The two remaining sections of the chapter on the osseous system, the first on the *periosteum* and the last on the *medullary membrane*, are taken up almost entirely in the consideration of inflammation of these textures.

The tenth chapter, upon the cutaneous system, occupies about sixty-five pages. We shall merely attempt to give the reader a general idea of its contents. It is divided into three sections: 1, the skin; 2, the nails; and, 3, the hairs. After giving the organization of the skin and assigning to its different layers the power of reproduction (the greatest to the cuticle and the least to the dermis), he divides the lesions of this structure into *unclassifiable* and *classifiable*. Under the first he has embraced a number of diseases which do not admit of classification, not being emphatically cutaneous, such as melanosis, keloides (a little tumor whose margin resembles the claws of a crab), encephaloid, eiloides (a disease lately described by Prof. Warren, of Boston, and so called from its coil-like disposition), lepidoides, hypertrophy, encysted tumors, and hemorrhage.

Under the second head he has described a number of cutaneous diseases, all arranged under the nine following classes: 1, *exanthematous* (scarlatina, erysipelas, &c.); 2, *pustular* (smallpox); 3, *papular* (lichen and prurigo); 4, *bullar* diseases (marked by the formation of small bladders, as rupia); 5, *vesicular* (scabies); 6, *tubercular* (elephantiasis, lupus); 7, *scaly* (lepra); 8, *syphilitic diseases*; 9, *stains* (lentigo, albinism, nigritism). The sections on the *nails* and *hairs* are necessarily short. He speaks of inordinate length and vicious situation of the nails, and of *onyxitis* or inflammation "of the soft, pulpy vascular apparatus from which the nails grow." He advocates the affirmative of the question, "are the hairs organizable?" and brings forward several interesting facts to prove the position. He refers most of the lesions of the hairs to inflammation of their follicles, describes the *Polish plait* (an endemic of Poland and Tartary), *atrophy*, *hypertrophy*, *brittleness*, and *change of color* of the hair, and in conclusion alludes to the accidental development of hair in the stomach, bowels, urinary bladder and tumors.

The chapter upon the nervous system is divided into the five following sections: 1, general observations; 2, lesions of the cerebral envelopes; 3, lesions of the brain; 4, lesions of the spinal cord; 5, lesions of the nerves. The following remarks upon the structure of the white and grey substance may be new to many who are not in the habit of making minute anatomical investigations, and to many who have paid no attention to elementary studies for fifteen or twenty years. "The white substance" (of the brain and spinal cord) "is essentially *fibrous*, and the gray essentially *granular*. The texture of both appears to be made up of delicate globules, which are united together by a transparent jelly-like matter, the quan-



tity of which, always small, varies in different parts of the cerebro-spinal mass. Their arrangement in the white substance is linear, so as to give it its fibrous appearance; but, in the gray, they are disposed irregularly, without any assignable order." The author believes in the existence of absorbents in the brain, and in this he is certainly correct. He denies the proposition of the British pathologists, Kellie, Abercrombie, Clutterbuck, and others, "that the encephalon uniformly contains the same amount of blood, no matter what may be the quantity of this fluid in the other parts of the body, whether normal, increased or diminished." This proposition is based upon the dogma that the brain is incompressible and "removed from the influence of the atmosphere, and that it always fills accurately the cranial cavity." The first item of this position Dr. Gross is disposed to admit, but he denies the two latter.

"From the foregoing facts, and the reasoning founded on them, we are fully warranted, I think, in concluding that, although the brain itself is really incompressible, and in some degree beyond the influence of atmospheric pressure, yet, notwithstanding all this, the amount of blood sent to it is liable to the same variation as in other parts of the system, and that it may consequently be diminished in the same ratio by bleeding, low diet, and other depletory measures. If this deduction be true, as there is just grounds to believe it is, the conjecture of Abercrombie and Clutterbuck, that we cannot lessen the quantity of blood in the head, in any material degree, by our evacuations, resolves itself into a 'baseless fabric,' void even of the shadow of proof."

The second section, on the cerebral envelops, is taken up in the consideration of *inflammation, suppuration and fibrous tumors* of the dura mater; *arachnitis*; and inflammation, tubercles, and ossification of the pia mater. The principal lesions of the brain discussed by the author are inflammation, softening, suppuration and apoplexy. The section opens with an investigation of the question, "does the brain cicatrize?" which is decided in the affirmative. Softening of the brain is considered a very common lesion.

"Softening of the brain, a lesion first accurately described by Dr. Rostan, of Paris, is decidedly the most frequent disease of the whole nervous system—even more so, perhaps, than apoplectic effusions. It is very common in old subjects, but no age seems to be exempt from it; and, if we may credit the assertions of Billard, one of the most admirable writers on infantile maladies, there is reason to believe that it may exist also as an intra-uterine affection.

"There is no part of the encephalic mass in which softening has not, at one period or another, been observed. The structures, however, most liable to it, are such as are most obnoxious to sanguineous effusions, as the fornix, interventricular septum, great commissure, optic thalami, and striated bodies—the frequency with which they are affected being, according to my own observations, in the order in which they are here enumerated. In the majority of cases, the figurate bodies are alone implicated, the cineritious texture retaining its normal characters; yet instances sometimes occur in which the whole brain and spinal cord are reduced to a soft pulpy matter, with scarcely a trace of their primitive organization."

This lesion is regarded as curable, and the curability is predicated upon the fact that the brain is endowed with the power of cicatrization. The latter phenomenon, however, is not very frequent.

Upon the subject of apoplexy, we do not think our author has been as complete as he might have been, nor do we agree with him in his exclusive pathology of this lesion.

"The term apoplexy is of Greek derivation, and literally signifies a stroke or blow. The lesion which it serves to designate, and which *invariably depends upon sanguineous effusion*, exhibits a remarkable variety as to its seat and extent. In many cases the blood is poured into the substance of the brain; in some, upon the external surface; and in some, again, into the ventricles. Of these three forms, the last is by far the least frequent; next to this is the meningeal, or that in which the fluid is extravasated upon the surface of the brain; and the most common of all, is where it is diffused through the cerebral tissue."

That extravasation of blood is a very frequent cause of apoplexy, no one can deny; but that this is *the sole cause* of the affection, is an assumption which Dr. Gross does not or cannot establish. Now if any one will take the trouble to consult authorities upon this subject, he will find each and every writer contending for a *single favorite view* of the immediate cause. Rochoux, who has written an able treatise on apoplexy, affirms that it is the result of a previous morbid action of the brain itself. Abercrombie believes that it depends simply upon an interrupted circulation, while many make actual pressure upon the brain a *sine qua non* in its pathology. Others, again, contend that simple sanguineous engorgement of the vessels, apart from extravasation, is entirely adequate to its production. We believe the only correct view of the matter is to be obtained by the admission of *all* these phenomena. How often do we find, upon post-mortem examination, *congestion of the brain, with or without extravasation*? How often do we find no morbid appearances of the brain whatever? In such cases as the last we can attribute the existence of the disease only, with any certainty, to sanguineous congestion, dependent either upon arterial excitement (accompanied, perhaps, with hypertrophy of the *left* ventricle of the heart), or upon hypertrophy of the right ventricle giving rise to regurgitation of the blood, and preventing the due return of this fluid from the encephalon.

[To be continued.]

#### DISCREPANCIES IN MEDICAL EVIDENCE—TRIAL OF MRS. KINNEY.

[In adverting to the important subject of medical evidence, a few weeks since, we presented a synoptical view of the importance which courts of law attach in many cases to the testimony of physicians, in the hope that it might have some influence in correcting a professional fault. We like Dr. Channing's excellent advice to the medical class, the other day, when discoursing upon this branch of medical jurisprudence. "If," said the prudent professor, "you do not know certainly, say so." Life or death is sometimes actually balanced upon the word *yes* or *no*, as it may



fall from the lips of a practitioner of medicine. We here subjoin an extract from Mr. Chandler's Law Reporter, for March, a monthly publication of high repute, which shows the impression that the medical evidence rendered in the celebrated trial of Hannah Kinney, for the murder of her husband, made on the mind of a practising lawyer of the Supreme Judicial Court of Massachusetts. We present it on account of the general bearing which it has on an important subject, and not for the censure implied in the particular instance alluded to.]

Now, the great point in the case was, that there was arsenic in the stomach; but in a capital trial, where a doubt is to acquit, there was defence enough in the uncertainty of the scientific analysis. To say the least of the course pursued, it is in striking contrast with the precision and accuracy of the experiments of M. Orfila, in the late trial of Madame Lafarge, in France.

It does not affect this view of the subject, that it is altogether probable the contents of the stomach, which were chemically analyzed, were the identical contents of the stomach of the deceased. In many cases, from the imperfection of human testimony, we must rely on probabilities; but in scientific investigations we expect certainties. We look for results which cannot be controverted.

So, in the appearance of the body of a murdered man, we expect from scientific men uniform and strictly accurate details. But how is it here? Dr. Storer testified, according to the report before us, that "he saw the organs when removed, and the large ecchymosis, which was an inch or more in diameter. There was one smaller." We infer from this that there were but two ecchymoses; one being "an inch or more in diameter," an expression which strikes us as quite too general and loose in such a case. But Dr. Jackson says these ecchymoses were "one large spot three inches square, and two small ones." Dr. Bigelow testified that there were "*several large ecchymoses, or dark spots;*" and in an article in a late number of the Boston Medical and Surgical Journal, he says: "In the large curvature was an ecchymosis of the mucous coat, forming a deep, dark-red, *well-defined* patch, equal to about *three inches in diameter.*" There is a vulgar saying, that "an inch in a man's nose is considerable"—and a difference between these witnesses of several square inches in the size of an ecchymosis in a human stomach, and in the number, is quite observable; and does not seem to have the excuse of a difficulty in determining the exact size of one of these spots from its nature, it appearing that the large ecchymosis was "well defined."

But this is not all. There were several admitted mistakes here in relation to other facts. A very strong circumstance against the prisoner in itself considered was, that some tea was prepared for the deceased by his wife, which was tasted by Goodwin, and in which he noticed a white sediment, and he was himself taken violently sick afterwards. Dr. Storer testified, that the second time he called, he saw Goodwin administer some tea, and something was said about its being too hot; that immediately on the deceased's drinking he vomited. Subsequently, Goodwin testified that Dr. Storer was not present when the tea was given; and the doctor afterwards said he must have been mistaken; that tea was administered, and he supposed

Goodwin was present till Goodwin had told him to the contrary. Now, we are curious to know who did administer this tea in the presence of Dr. Storer. What man *was* present? Was any man there with him the second time? *Was any tea administered in his presence?*

Again; he testified to a conversation with Mrs. Kinney on Tuesday after the funeral, which was on Monday. This conversation, and particularly the time when it took place, was of the utmost importance. The evidence seems to show conclusively, that he was mistaken as to the time, and he subsequently admitted, that he was mistaken as to the person who came for him. It is unfortunate, to say the least, that all these inaccuracies in matters of so much importance, should be chargeable upon scientific men.

We mention these things not merely for the purpose of showing, that the estimation in which medical evidence is held by our profession, is not without some cause; but to show, that medical gentlemen ought to feel bound in cases of suspected poison to exercise all that care and circumspection which is exhibited by officers of the law when cases come under their cognizance. Dates, conversations, and more than all, details of facts and appearances, ought to be carefully noted; and, then, we cannot help adding, that this information should be detailed in the witness' box calmly, forcibly and systematically. The object there, is to obtain the truth upon a given subject. It is no place for random assertions to be corrected by out-door conversation. Nor is it a proper occasion to give proofs of erudition—to astonish the unlearned, or talk of matters and things in general. The medical gentlemen whom we have mentioned, rank high in their profession and as men of science. Two of them at least appeared extremely well upon the stand; and we trust that nothing we have said will be construed as calling in question the professional skill or general accuracy of the third. We cannot take leave of the subject without saying that Dr. Harrington, who is not a member of the Massachusetts Medical Society, appeared as well on the stand, and testified as clearly, as any witness at the trial.

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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, MARCH 17, 1841.

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### FIRST PRINCIPLES OF CHEMISTRY.\*

To say that the multiplication of elementary treatises on chemistry has been far beyond the wants of the community, would be unnecessary. But the work before us, professing to "contain every chemical theory and fact with which the student can with propriety be required to be familiar," calls for special notice. Notwithstanding the annunciation which we have quoted, a few lines further on we are told that the learner is only "to

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\* *First Principles of Chemistry*, being a familiar introduction to the study of that science, &c. By James Kenwick, LL.D., &c. New York: Harper & Brothers. Pp. 416, 15mo. 1840.

consider it" (this treatise, that contains "every chemical theory and fact") nothing "more than an easy introduction to the study of works of a more extensive design." We should like to be informed how a work that professes to be but an "easy introduction," is to give every chemical theory and fact.

We are also told in the preface that heat, electricity and magnetism form no part of chemistry; this is truly a great and encouraging discovery. The labors of Davy, Faraday and Daniell are, then, to be of no importance to the chemical student—a discovery that must unquestionably redound to the honor of our learned author, far beyond that of the privilege of appending to his name LL.D. But in the same paragraph it is distinctly stated the "principles (viz., of heat, electricity and magnetism) must be known to every chemist."

Various statements are made in the preface which are equally consistent. We are next informed that "the analytic method has been in general pursued, in preference to the synthetic, as better adapted to the capacities of those for whose use the work is intended." At page 96 commences the description of the atmosphere, and at page 149 we have nitrogen; to this succeeds nitric acid, so that oxygen and nitrogen, its constituents by analysis, being first described, the product of their union follows. And this is one instance of Dr. Renwick's "analytic method"! As to the best arrangement of the subjects in a chemical treatise, writers will, as they ever have, differ; but let them be consistent.

Dr. Renwick tells us, in his preface, that "the experiments" "have been selected from the notes prepared for courses of lectures which have now been continued for many years." After so many years we should have looked for at least one *original* experiment; but not one can be found in the book. They are all of the most familiar kind, all long known, practised, and described in all the school books on chemistry of the last twenty years.

The preface concludes by a statement that the "authorities which have been principally consulted are Dumas and Mitscherlich;" and Dr. R. tells us that he has preferred these to the English writers, not only as being of a higher order, but from the air of novelty which the neat and simple arrangement of their apparatus gives to the wood-cuts." Now is not this perfectly ridiculous? There is not a wood-cut in the whole work which is not copied, says a learned correspondent, from some English or American book on chemistry! We might direct the curious reader to the original of every wood-cut, did we not fear to present to our readers a dull and uninteresting catalogue of stolen goods. A few must suffice.

Fig. 1 is in most chemical books. Fig. 2 is copied from Davy, Hare, and others. Fig. 3, Davy, and most other English and American books. Fig. 4, Davy. Fig. 5, from the English and American treatises. Fig. 7, from Dr. Hare. Fig. 8, from Brande, and others. Fig. 9, from a host of books. Fig. 12, Henry and others. Figs. 13, 14 and 15, common to all chemical books. Fig. 16, Hare. Fig. 18, in all the books. In electricity we find only the figures from Brande, Faraday, Hare, and subsequent writers. The same is the fact with regard to the figures in the pages on crystallization, &c. Of the figures of the various kinds of apparatus, we find them all copied, without acknowledgment, from "Griffith's chemical recreations," Faraday's "manipulations," Henry, Davy, and their successors. The figures of the apparatus to illustrate the properties of the atmosphere are taken from the books in every chemist's library. The

same is true with regard to each and all that follow. There is not one original form or arrangement of apparatus in the whole book. And this is preferring the "neat and simple arrangement" of the apparatus of Dumas and Mitscherlich, to that of English writers, as announced in the preface! There may be something in the effect of hard names upon a gaping public, but it is a mystification unworthy an LL.D.

The remarks which a sense of justice has compelled us to make upon a book that is presented with such attempt to mislead, and which has been so imprudently puffed in the N. York Review, might be extended and applied to the entire text. It is a most superficial abridgement, and often reprint, of the thousand and one crude and indefinite elements of the science of which it professes to treat. It is not sufficiently minute and exact for the adept, or correct and explicit enough for the beginner. Occasionally the results of experiments or analyses by European chemists are briefly given, but these are copied from Turner or some other English writer's work. We do not find, on careful examination, the slightest evidence that the doctor has any acquaintance with the works of Dumas or Mitscherlich, but, on the contrary, abundant proof that he has relied upon English and American statements for all that is asserted.

Having been induced to purchase this book, from the unqualified puff upon it in the N. York Review, and from the recommendation of it by a popular lecturer, we feel it our duty to speak of it with truth and sincerity, that others may not suffer the sad disappointment which we have undergone. It is high time that those who are looked up to as judges of the merits of a work, especially on science, should be more independent and speak plainly of the works they profess to have examined. The young student relies upon their opinion, and should not be led by indiscriminate praise to spend his money upon what is superficial and of no value. The reviewer or the teacher, who, from fear of giving offence, is unwilling to express a true estimate of a work like this, is doing more to retard the progress of science among us, than can be compensated by all his teachings. Every one who is at all conversant with chemistry, and who impartially examines this book of Dr. Renwick, must pronounce it one of the most pretending and superficial works which this country has as yet produced.

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*Medical Relief of the sick Poor.*—A pamphlet from the philanthropic pen of Austin Flint, M.D., entitled an "*Appeal to the Citizens of Buffalo and of the County of Erie, in behalf of new and more efficient means of medical relief for the sick Poor,*" is well worthy of the careful examination of the people to whom it is addressed. Dr. F.'s object is to interest the community in the deplorable condition of the sick paupers found in miserable tenements—too feeble to be removed to the Almshouse, already overflowing with needy inmates. The result of this state of things is plainly to be seen:—"Medical directions are seldom observed with any degree of care, and the stores provided for the sick are perverted to very different purposes than those for which they were designed—the patient being left to die without receiving even the benefit to be derived from the imperfect means of relief which the system (out-door assistance) provides." He recommends the establishment of a hospital. This is judicious and humane. In connection with a public hospital, Dr. Flint speaks of the necessity of a medical dispensary as being required to complete the system of liberal charity which he proposes. On the whole, the arguments

are cogent, humane and honorable to the intelligence of the author. If the Buffalonians are not moved by this appeal, they must indeed be insensible to the sufferings of the sick poor.

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*The Philosophy of Homœopathy.*—In one of Dr. Coates's late animated and instructive lectures, he went into a critical analysis of the pretensions of this system of medical practice. Had the most devoted advocate for the doctrine that the *half is greater than the whole*, been present, he would have lost all confidence in those who practise the system. We should like right well to see his figure of the broken spindle in the spinning jenny, circulating through the journals. There is a class of timid, weak-minded physicians, to be found in all the States, who for the sake of enlarging the receipts of practice, or obtaining that which they never had, pretend, where the remark promises to be most effectual, that they discover plausibility in the theory of homœopathy, and admit that there may be something good in it. Others boldly dash into the experiment of prescribing little pellicles of pulverized sand, grown a thousand times more potent in consequence of being impalpable, and by operating strongly on the imagination of minds as uncultivated as their own, perform astonishing restorations to health, although they are as totally ignorant of the fundamental principles of homœopathy as the tribe of Flat Head Indians. There is an alarming amount of deception and down-right quackery laid to the charge of some of those who would be designated as respectable physicians. They are exercising a low cunning, without a particle of moral honesty. Young men who are about commencing professional life have been heard to speak freely of trying their luck at this favorite trick—it being absolutely regarded in that light—on the gullibility of the people. This circumstance, without any additional display of hypocrisy, shows that they do not even comprehend the intentions of homœopathy, as taught by those who have honestly studied it, and are sincere in practising it. In a word, ridiculous and farcical as we regard the whole subject of Hahnemannism, we have a far greater contempt for those of our allopathic brethren who are so mean as to stoop to this miserable management for the sake of a little evanescent distinction, or a little more money than they would otherwise obtain by an upright, dignified intercourse with society.

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*Jefferson Medical College.*—There are such various accounts circulating here, about the sudden loss of tonic in that heretofore spirit-stirring school of medicine, that it would gratify a host of inquirers if some Philadelphia gentleman would have the kindness to favor the public with a statement of the facts. One day it is reported that several of the faculty have emigrated to New York; the next, it is said that it may have been a sort of condition, in organizing a medical department in the University of New York, that the death of the Jefferson should follow. Although there are many tricks in trade, it seems impossible that there should have been any confidential arrangement of the kind in this instance. It is quite certain that the proposed University school must be sustained by great names, or it will assuredly meet with a fall directly. If there is any expectation indulged of breaking up or breaking down the old moss-grown College of Physicians and Surgeons, the board of trustees must first take Dr. Parker from the chair of surgery in that College—and if they hope

to succeed without doing so, they will assuredly be disappointed. He is an admirable lecturer, whom students will follow let him be where he may.

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*Chair of Theory and Practice at Lexington, Ky.*—Notice is given in the public papers that a vacancy in the above-named chair, in the medical department of Transylvania University, is to be filled—and candidates are invited to forward their address to the dean of the faculty before the first day of June. The name of the successful candidate only will be made known. This is a novel method of getting a professor, but far better than the old custom of nepotism, so general in the schools.

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*Louisville Medical Institute.*—In the official catalogue of the Institute, which has the matriculated names of 205 students, is the introductory discourse of Dr. Drake, published by the class. We have not read it—but as he never commits himself, we are fully expecting great pleasure from its perusal.

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*Wonders of Vision.*—Dr. Wallace, an oculist of New York, whose name has been repeatedly mentioned in this Journal, in reference to the anatomy or philosophy of the eye, has prepared an interesting little work with the above title. The book before us has passed to a third edition, and is illustrated by many accurate engravings on wood, which are worth as much, alone, as Messrs. Saxon & Peirce, who have it on sale, ask for the whole book.

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*Tying the Subclavian Artery.*—Dr. Gross, the author, now in the chair of surgery at the Louisville Medical Institute, performed this operation successfully on a colored man on the 11th of Feb., in presence of the class. A careful description of the operation may be looked for in the next Journal from Louisville. He has also been operating for strabismus. We are gratified that a man so deserving, is properly estimated in that enterprising city.

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*Select Medical Library and Bulletin of Medical Science.*—The first No. of the new quarterly series of Dr. Bell's Journal and Library, published at Philadelphia, has been issued, and makes a handsome appearance. The Library department comprises a complete "Practical Dictionary of Materia Medica," by the Editor.

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*Post-mortem Appearances of Scott, the American Diver.*—The circumstances attending the death of Mr. Scott, who acquired no little notoriety in London, the last summer, from his feats of diving from great elevations into the water, have been detailed in most of the papers. On the occasion which terminated fatally he seems to have attempted various other feats for the amusement of the spectators, one of which consisted in suffering his body to be suspended for a time by a rope around his neck. After letting himself down by his hands, the knot of the rope being on the right-hand side of his head, he appeared to be showing the public the symptoms and convulsions of a hanging man; shrugging his shoulders, but not putting his hands up. After hanging between five and six minutes,



it began to be suspected that he was dead, and on cutting him down it was found this suspicion was but too true.

The body was examined 24 hours after death. It was a perfect model of symmetry and strength. There was a mark on the skin, round the neck, which appeared to be the result of the pressure of the rope during life, rather than its post-mortem effects. This mark was quite superficial, and did not extend to the cellular membrane. There was scarcely any mark over the larynx; it passed up anterior to the ears. The brain presented nothing at all unusual, except that it was somewhat congested at its posterior part; the spine was healthy and sound; the lungs were very much congested; and the heart and large vessels were full of fluid blood; the lining membrane of the air passages was particularly congested.

It was quite evident that death was the result of asphyxia, as in common cases of hanging. It appears that the poor man was in the habit of suspending himself entirely by the lower jaw, the rope having been fixed by a "bowling knot" above the head, resting on the under surface of the lower jaw, about half way between its symphysis and its articulation. In the last attempt it is remarkable that the knot was a slip-knot, and not a bowling one; and it is supposed that the accident was dependent, partly, upon this cause. He was quite sober at the time.

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*Influence of Temperature.*—"The reduction of temperature alone, when the atmosphere reaches the freezing point, is fatal to a certain number of persons."

The Tables of Mortality, published at the General Register-office, for the last six weeks, afforded a striking illustration of this principle; the weather, after having been wet and mild, grew cold rather suddenly, and the immediate result was an increase in the number of deaths registered from 860 to 1067.

The following were the numbers of deaths registered in the six weeks; and the temperature has been added from the tables kept at the Royal Society's rooms by Mr. Robertson, to whose politeness we are indebted for the observations:—Week, ending Nov. 14, number of deaths 885, daily mean temperature 48 degrees. Ending Nov. 21, deaths 897, daily mean 45. Nov. 28, deaths 862, daily mean 42. Dec. 5, deaths 1067, daily mean 41. Dec. 12, deaths 1059, daily mean 39. Dec. 19, deaths 1056, daily mean 30. The greatest increase was in the class of pulmonary diseases.—*Lancet*.

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*Application for Baldness.*—The following ointment has been recommended in cases of baldness: Iodine, 3ss.; lard, 3iss. About a twelfth part to be rubbed every other day on the scalp until absorbed; the strength and frequency, however, to be regulated by circumstances.

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**DIED.**—At Washington, D. C., Francis Smith Beattie, M.D., a native of Orange Co., N. Y., late Collector of the Port of St. Marks, Florida.

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Number of deaths in Boston for the week ending March 13, 26.—Males, 13; Females, 15.

Of consumption, 1—debility, 2—lung fever, 4—disease in the throat, 1—erysipelas, 1—croup, 1—sudden, 2—abscess, 1—fits, 2—convulsions, 1—teething, 1—disease of the heart, 1—old age, 1—hooping cough, 2—dropsy on the brain, 2—stoppage in the bowels, 1—dropsy, 1—canker in the bowels, 1—child-bed, 1—infantile, 1.

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## TO MEDICAL STUDENTS.

SPRING COURSE OF LECTURES AT THE COLLEGE OF PHYSICIANS AND SURGEONS,  
NEW YORK.

AN Association has been formed, for the purpose of offering to the students of medicine in New York, a course of instruction, which, it is hoped, may profitably occupy a portion of their time during the ensuing spring and summer.

Lectures will be delivered at the College of Physicians and Surgeons, in Crosby street, on the following subjects:—

- On the Pathology of the Chest, Auscultation and Percussion, by J. A. SWETT, M.D., Lecturer on Diseases of the Chest.—This course will be fully illustrated by Clinical instruction.
- On Club-foot and analogous Deformities, by DETMOLD, M.D.
- On the diseases of the Kidneys, by Wm. C. ROBERTS, M.D.
- On the diseases of the Eye, by G. WILKES, M.D., Surgeon of the New York Eye Infirmary.—Clinical instruction at the Infirmary.
- On the Pathology of the Uterus and its Annexes, by C. E. GILMAN, M.D., Lecturer on Obstetrics and the diseases of Women and Children in the College of Physicians and Surgeons.
- On Operative Surgery, by W. PARKER, M.D., Professor of Surgery, College of Physicians and Surgeons.
- On the Anatomy of the Nervous System, by JAMES QUACKENBUSH, M.D., Demonstrator of Anatomy.
- On Surgical Anatomy, by R. WATTS, JR., M.D., Professor of Anatomy, College of Physicians and Surgeons.

The Lectures will commence on the first Monday in April, and continue about three months. Two lectures will be delivered daily—hours, from 1 to 3 o'clock.

As this course is undertaken with the single aim of doing something for the cause of sound and thorough medical education, and particularly to develop the great advantages which New York, by her superior size, and by the consequent abundance and variety of diseases which are met with in her Hospitals, Almshouse and Dispensaries, offers to the student of practical medicine and surgery, the Association have determined to put the fee for the Course at a price nearly nominal—hoping thereby to place the instruction offered, within the reach of all who are anxious for professional improvement.

Fee for all the Lectures, \$10.

New York, Feb. 10th, 1841.

M 3—

## MEDICAL TUITION FOR 1840—41.

THE subscribers will commence their course of instruction for the ensuing medical year, on November 1st, 1840 (the period at which the Lectures at the Medical College of Harvard University begin).

Minute examinations will be held on all the branches of medicine and surgery during the lectures, in order that students intending to offer themselves for examination at the College in the spring, may be prepared. Students may be assured that they will have constant and abundant opportunities for the cultivation of practical anatomy at all seasons of the year. After the lectures, the arrangements will be as follows until the ensuing November.

Free access at all hours to the United States-Marine Hospital at Chelsea will be granted; a daily morning visit will be made by Dr. Stedman, and every week Drs. Perry, Bowditch and Wiley will visit in the afternoon, for the purpose, chiefly, of learning the physical signs of diseases of the chest. Dr. Bowditch will deliver a course of lectures on diseases of the chest and air passages. Admission to the medical and surgical practice at the Massachusetts General Hospital, the Infirmary for Diseases of the Lungs, and to the practice of one of the Dispensary Districts; occasional opportunities for operative surgery and midwifery.

Courses of instruction as follows:

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|---|---------------|
| Theory and Practice of Medicine and Chemistry, by | DR. PERRY.    |
| Midwifery, Materia Medica and Demonstrations on   |               |
| Morbid Anatomy at the Hospitals, by               | DR. BOWDITCH. |
| Anatomy, Surgery and Medical Jurisprudence, by    | DR. WILEY.    |

Rooms for study either at Boston, at the Infirmary for Diseases of the Lungs, or at Chelsea, free of expense. For terms, apply to H. G. Wiley, M.D., or to either of the subscribers.

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THE following recommendation of this truss has lately been received by the proprietor.

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Boston, Jan. 7th, 1841.

Jan. 13.—

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